

TEACHING PROGRAMME REGARDING TEMPORARY FAMILY PLANNING METHODS AMONG ELIGIBLE COUPLES AT SELECTED RURAL AREA BARABANKI, LUCKNOW

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ABSTRACT

The study was aimed at assessing the knowledge on temporary family planning methods among selected eligible couples. Methodology a quantitative approach pre experimental – one group pre-test and post-test design was used in this study. A sample size of 60 eligible couples selected by nonprobability purposive sampling technique was used to collect the sample. The modified Ludwig bertlanfly (1968) theory was adopted for this study. The tool used for this study was structured knowledge questionnaire on temporary family planning methods .The finding of the study reveals tha the calculated 't' value (24.8) at P < 0.05. The mean post test score of knowledge ontemporary family planning methods among eligible couples after structured teaching will be significantly higher than their mean pretest score of knowledge .Conclusion the finding of the study revealed that structured teaching programme on temporary family planning methods was effective on increase the knowledge among eligible couples.

Key words: Teaching Programme, Temporary Family Planning, Lucknow.

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INTRODUCTION:

A family is the principal institution for the socialization of children. One of the primary functions of the family involves providing a framework for the production and reproduction of person, biologically and socially [1, 2]. The family is a basic unit in all societies. It is the most powerfull example of social cohesion. The family plays an important part both in health and disease. In most societies the family is the fulcrum of health service[3, 4].The main objective of family health services to identify appreciate health problems, health education, spacing the birth of children etc. Family health services like maternal, child health service, family life education for parents, and family planning services [5, 6].

Family planning is as a synonym or euphemism for the use of contraception. An expert committee 1971 of the WHO defined family planning as 'a way of thinking

and living that is adopted voluntarily, upon the basis of knowledge attitude and responsible decisions by individuals and couples, in order to promote the health and welfare of the family group and thus contribute effectively to the social development of a country[7, 8].Another expert committee defined family planning as family planning refers to practice that help individual or couples to attain main objectives to avoid unwanted births to bring about wanted births, to regulate the intervals between pregnancies,to determine the number of children in the family[9, 10]. However, it often involves methods and practices in addition to contraception. It is most usually applied to a female-male couple who wish to limit the number of children they have and/or to control the timing of pregnancy [11, 12].

Access to safe, voluntary family planning is a human right and is central to gender equality, women's



empowerment and poverty reduction. The United Nations Population Fund (UNFPA) says that, "Some 225 million women who want to avoid pregnancy are not using safe and effective family planning methods, for reasons ranging from lack access to information or services to lack of support from their partners or communities [13, 14]." UNFPA says that, "Most of these women with an unmet need for contraceptives live in 69 of the poorest countries on earth.

Family planning services are defined as "educational, comprehensive medical or social activities which enable individuals, including minors, to determine freely the number and spacing of their children and to select the means by which this may be achieved" [15, 16].

The word contraception is made up of two words – 'Contra' means against, and 'Ception' means perceiving a baby. Contraceptives methods are by definition preventive methods to avoid unwanted pregnancies. Contraceptives that is safe effective, inexpensive ,reversible, acceptable, simple to administer ,independent of coitus , long lasting enough to obviate frequent administration and requiring little or no medical supervision. It protects the sexually transmitted disease including HIV that causes AIDS[17].

The contraceptive methods may be divided into temporary methods and permanent methods. Temporary contraceptive methods are timing and spacing of pregnancies, preventing unwanted children, having wanted child. Temporary methods are commonly used to postpone or space births. The methods are also frequently being used by the couples even though they have got strong desire for no more children. Some of the temporary contraceptives are condoms, IUD'S, hormonal pills, postconceptional methods, etc. and permanent contraceptives are tubectomy and vasectomy.

OBJECTIVES OF THE STUDY:

1. To assess the level of knowledge regarding Temporary Family Planning Methods among Eligible Couples.
2. To evaluate the effectiveness of structured teaching programme on knowledge regarding Temporary Family Planning Methods among Eligible Couples.
3. To find out the association between the level of knowledge regarding Temporary Family Planning Methods of Eligible Couples with their selected demographic variables.

METHOD OF DATA COLLECTION:

Prior to data collection, formal permission will be obtained from Rural health training center, Hind Institute of Medical Science at Safedabad, Barabanki, Lucknow. After consent from the sample, sample will be selected by convenience sampling technique. Self-Structured questionnaire on knowledge regarding temporary family planning methods will be used in the study. The tools will be validated by experts .First 6 days

pretest will give to 60 samples; each day 10 sample will be assessed. The researcher will give a brief introduction to the sample. The purpose of the study will explained to the sample and assured confidentiality. The interview method will be used to collect the demographic variables. Then the pretest will be conducted by the interview method by with the use of Self structured questionnaire on temporary family planning methods. Pretest followed by 6 consecutive days, structured teaching programme consist of definition of family planning, objectives & scope of family planning, types of family planning & types temporary family planning methods. After structured teaching programme the post test will be conducted from the first ten samples for 6 days.

METHODOLOGY:

This chapter deals with description of the method and different step used for collecting and organizing data for the investigation .It includes the description of the research approach, research design, settings, population, the sample, sampling technique, sampling criteria, the development and description of tools ,the pilot study, data collection procedure , and the plan for data analysis in the study . The present study was done to assess the effectiveness of structured teaching programme regarding temporary family planning methods among eligible couples at selected rural area Barabanki, Lucknow.

RESEARCH APPROACH:

Quantitative approach was used for the study.

RESEARCH DESIGN:

The research design selected for this study is pre experimental design, one group pretest and posttest design.

$$O_1 \quad X \quad O_2$$

O_1 – Pretest by self-structured questionnaire.

X – Structured teaching programme regarding temporary family planning method.

O_2 – Posttest by self-structured programme.

SETTING OF THE STUDY:

The study was conducted at selected rural area in Barabanki. Students from community health nursing department were posted in rural health centreshtrik .It is under the control of hind institute of medical science safedabad . Rural health centre is situated in the shtrik Barabanki. Saraiakbrabad is selected area in Barabanki, Lucknow.

Target population:

Eligible couples residing in Barabanki ,Lucknow.

Accessible population:

The selected eligible couples women between the age group (15 -49 years) who were residing at Sarai Akbarabad village in Barabanki, Lucknow.



SAMPLE:

The sample of the study comprised of eligible couples women between the age group (15– 49 years) residing at Sarai Akbarabad village who have fulfilled the inclusion criteria.

SAMPLE SIZE:

Sample size of present study was 60 eligible couples.

CRITERIA FOR SAMPLE SELECTION:

(1) INCLUSION CRITERIA

Eligible couples

- Who are all willing to Participate
- Who can able to read and write Hindi or English.

(2) EXCLUSION CRITERIA

- Those who have undergone Permanent Family Planning Methods.
- Women who comes below the age of 15 and above 49.

RESULTS:

Regarding age of wife in 35% were belongs to age group of 20-24 years , 26.7 % were belongs to 25-29 age group , 18.3% were belongs to 35-39 years of age group , 16.7% were belongs to 30-34 age of groups and 3.3% were belongs to 15-19 year of age group.

Regarding age of husband 41.7% were belongs to 26-35 age of group, 33.3% were belongs to 36-45 age of group and 25% were belongs top 15-25 years.

Regarding education of wife 43.3% were belongs to primary level, 18.3% were belongs to high school, 16.7 belongs to intermediate level, 16.7 were belongs to no formal education and 5% were belongs to graduation level.

Regarding education of husband 28.3% were belongs to graduation level , 26.7% were belongs to primary level , 25% were belongs to intermediate level ,18.3% were belongs to high school level and 16.7 % were belongs to no formal education level.

The above table 4, reveals that in pre – test 70% of selected eligible couples were inadequate and moderate level 30% on knowledge. In posttest there is increased level of knowledge 41.7% moderate level and 58.3% eligible couples were adequate level of knowledge .

The above table 4.2.2 reveals that before structured teaching the knowledge among 60 subjects pretest mean was 8.5, standard deviation was about 4.6. after structured teaching the knowledge among 60 subjects posttest mean was 21.3, standard deviation was about 4.9. It reveals that mean and standard deviation of knowledge among eligible couples in posttest it is observed that significant difference in mean 12.4 between pretest and posttest level.

The above table 4:3:1 reveals that the calculated t value (24.8) was higher than the table value at 0.05 level of significance. Thus the inferential statistical method proved that the differences in the mean scores showed a significant change as increase knowledge among eligible couples. Thus structured teaching was effective in increase the knowledge among eligible couples.

The above table 4.4.1 revealed that the calculated value χ^2 at 0.05 level of significance. There was a significant association between the post level of knowledge and education of wife. The calculated value $\chi^2 = 17.0$ at $p = 9.49$ level of significance. And there is significant association was found between the posttest knowledge and education of husband .the calculated value obtained $\chi^2 = 10.7$ at 9.49 level of significance. and there was a significant association between the post knowledge and number of Married years $\chi^2 = 13.5$ at 9.49 level of significance .There was a significant association found between the posttest knowledge and number of children $\chi^2 = 19.1$ at 7.82 level of significance .There was a significant association found between the posttest level of knowledge and types of family. The calculated value $\chi^2 = 14.3$ at 3.84 level of significance .There was a significant association found between the post level of knowledge and already used /using temporary family planning methods. The calculated value $\chi^2 = 8.7$ at 3.84 level of significance.

Table 1: Frequency and percentage distribution of pretest and posttest level of knowledge. n=60

LEVEL OF KNOWLEDGE	PRETEST		POSTTEST	
	FREQUENCY	%	FREQUENCY	%
INADEQUATE	42	70.0%	-	-
MODERATE	18	30.0%	25	41.7%
ADEQUATE	-	-	35	58.3%

Table 2: mean, standard deviation for pretest and post test knowledge regarding temporary family planning methods n=60

Knowledge	PRETEST		POST TEST		MEAN DIFFERENCE
	MEAN	SD	MEAN	SD	
Overall	8.5	4.6	21.3	4.9	12.4



Table 3: Paired “t” test to assess the effectiveness of structured teaching programme on knowledge regarding temporary family planning methods. *P<0.05, significant

Knowledge	Pre Test		Post Test		t value at p<0.05
	MEAN	SD	MEAN	SD	
Overall	8.5	4.6	21.3	4.9	24.8

Table 4: Association Of Post Test Knowledge Score Level Regarding Temporary Family Planning Methods Among Eligible Couples With Selected Demographic Variables.

Variables		Inadequate		Moderate		Adequate		Chi Square	Df	P Value
		F	%	F	%	F	%			
Age of wife	15- 19 years	0	0	0	0	2	100	2.7	4	9.49NS
	20-24 years	0	0	8	38.1	13	61.9			
	25-29 years	0	0	6	37.5	10	62.5			
	30-34 years	0	0	5	50.0	5	50.0			
	35-39 years	0	0	6	54.5	5	45.5			
	40-44 years	0	0	0	0	0	0			
	45 – 49years	0	0	0	0	0	0			
Age of husband	15-25 years	0	0	6	40.0	9	60.0	0.09	1	3.84NS
	26-35 years	0	0	11	44.0	14	56.0			
	36-45 years	0	0	8	40.0	12	60.0			
	More than 36 years	0	0	0	0	0	0			
Education of wife	Primary education	0	0	18	69.2	8	30.8	17.0	4	9.49 S
	Highschool	0	0	1	9.1	10	90.9			
	Intermediate	0	0	2	20.0	8	80.0			
	Graduate	0	0	0	0	3	100			
	Postgraduate	0	0	0	0	0	0			
	No formal education	0	0	4	40.0	6	60.0			

Variables		Inadquate		Moderate		Adequate		Chi square	Df	p-value
		F	%	F	%	F	%			
Education of husband	Primary education	0	0	11	68.7	5	31.3	10.7	4	9.49 S
	High school	0	0	5	45.5	6	54.5			
	Intermediate	0	0	5	33.3	10	66.7			
	Graduate	0	0	3	17.6	14	82.4			
	Postgraduate	0	0	0	0	0	0			
	Noformal education	0	0	1	100	0	0			
Occupation of wife	House wife	0	0	25	42.4	34	57.6	0.7	1	3.84 NS
	Private	0	0	0	0	1	100			
	Business	0	0	0	0	0	0			
	Government	0	0	0	0	0	0			
Occupation of husband	Farmer	0	0	16	48.5	17	51.5	1.4	2	5.99 NS
	Private	0	0	5	33.3	10	66.7			
	Government	0	0	0	0	0	0			
	Business	0	0	4	33.3	8	66.7			
Number of married years	0-1 years	0	0	3	60.0	2	40.0	13.5	4	9.49 S
	1-2 years	0	0	5	62.5	3	37.5			
	2-3 years	0	0	3	60.0	2	40.0			
	3-4 years	0	0	8	72.7	3	27.3			
	Above 4 years	0	0	6	19.4	25	80.6			



Variables		Inadequate		Moderate		Adequate		Chi square	Df	p-value
		F	%	F	%	F	%			
Number of children	No children	0	0	1	12.5	7	87.5	19.1	3	7.82 S
	1 Children	0	0	1	11.1	8	88.9			
	2 Children	0	0	18	75.0	6	25.0			
	More than 2	0	0	5	26.3	14	73.7			
Religion	Hindu	0	0	25	41.7	35	58.3	NA	-	-
	Muslim	0	0	0	0	0	0			
	Christian	0	0	0	0	0	0			
	Others	0	0	0	0	0	0			
Caste	General	0	0	0	0	0	0	0.05	1	3.84 NS
	Other backward caste	0	0	10	40.0	15	60.0			
	Schedule caste	0	0	15	42.9	20	57.1			
	Schedule tribe	0	0	0	0	0	0			
Types of family	Joint family	0	0	7	20.6	27	79.4	14.3	1	3.84 S
	Nuclear family	0	0	18	69.2	8	30.8			
	Others	0	0	0	0	0	0			
Last delivery	0-1 Year	0	0	10	40.0	15	60.0	0.09	2	5.99 NS
	0-2 years	0	0	8	44.4	10	55.6			
	More than 2years	0	0	7	41.2	10	58.8			

Variables		Inadquate		Moderate		Adequate		Chi square	Df	p-value
		F	%	F	%	F	%			
Have you heard about temporary family planning methods	Yes	0	0	23	43.4	30	56.6	0.6	1	3.84 NS
	No	0	0	2	28.6	5	71.4			
Already used temporary family palnning methods	Yes	0	0	2	11.8	15	88.2	8.7	1	3.84 S
	No	0	0	23	53.5	20	46.5			

S – Significant , NS- Non Significant , NA – Not Applicable. *p<0.05.Significant.

Figure 1: Frequency and percentage distribution of demographic variables such as age of wife & husband, education of wife & husband, n=60.

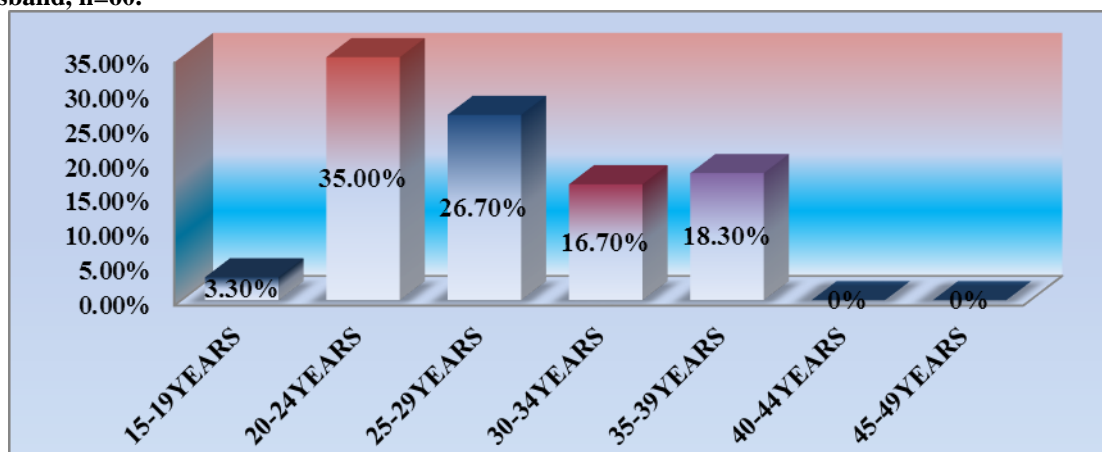


Figure 2: Percentage distribution age of husband

The bar diagram represents; majority of husband's age 41.70% were belongs to 26-35 years.

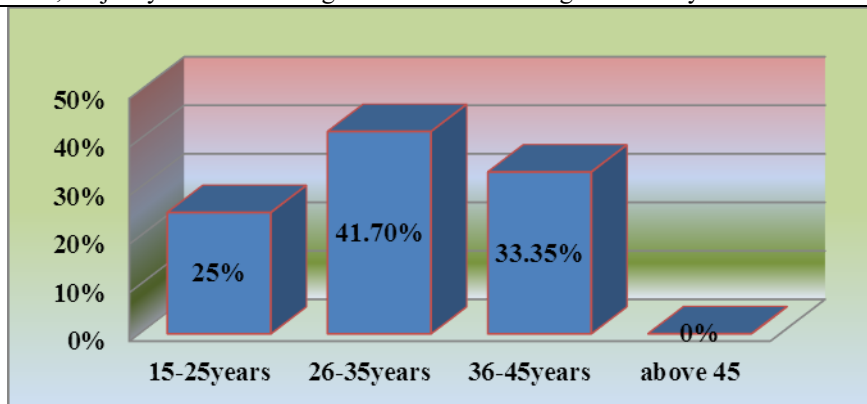
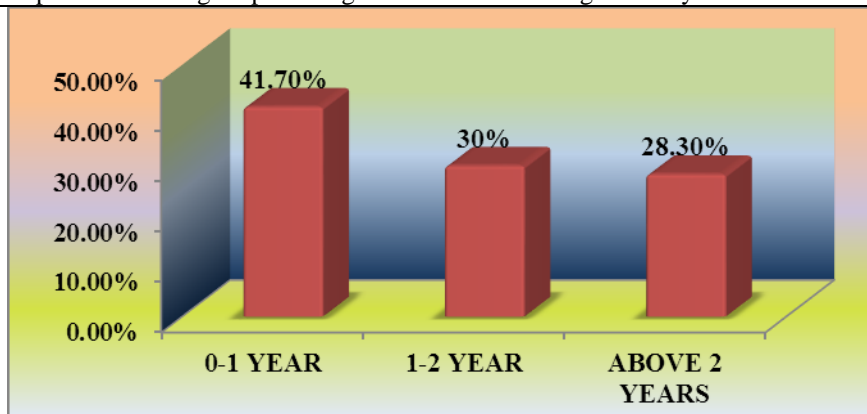


Figure 3: Percentage wise distribution of last delivery

The bar diagram represents that higher percentage 41.70% were belongs to 0-1 years.



DISCUSSION:

Based on the objectives of the study and hypothesis, this chapter deals with the detailed discussion of the results of the data interpreted from the statistical analysis. The purpose of the study was to evaluate the effectiveness of structured teaching programme on knowledge regarding temporary family planning methods among selected eligible couples residing in Barabanki.

Increasing population growth is a worldwide problem today. India, which accounts for world's 17.5 percent population, is the second most populous country in the world next only to China. India was the first country to launch family planning program through first five year plan emphasizing family planning (F.P) to the extent necessary for reducing birth rates. Family planning services have the potential to improve the quality of lives of people and also their economic welfare. The couple protection rate is an indicator of the prevalence of the contraceptive practice in the community, and defined as the percentage of eligible couples effectively protected against child birth by one or other approved methods of family planning.

A study to assess the effectiveness of structured teaching programme regarding temporary family planning

methods among eligible couples at selected rural area Barabanki, Lucknow. The sample consists of 60 eligible couples, wife age group was 15-49 years selected by purposive sampling technique were adopted. Pre-test was assessed by structured interview scheduled framed on base line data and knowledge questionnaire regarding family planning, objectives, scope of family planning services, types of family planning methods, temporary family planning methods.. The structured teaching given. Data analysis and interpretation were done by frequency, percentage, and mean standard deviation. Paired't' test. The results of the study were discussed based on the objectives on following supportive studies.

The present study showed that the higher frequency, majority age of wife 35% belongs to age group of 20-24 years, majority of age of husband 41.7% belongs to age group 26-35 years, majority education of wife 43.3% were belongs to primary level, majority education of husband 28.3% were belongs to graduation level, majority of occupation of wife 98.3% were belongs to housewife, majority of occupation of husband 55% were belongs to farmer, majority number of married years 51.7% were belongs to above 4 years, majority of number of children 40% were having 2 children, majority in



religion 100% were belongs to Hindu, majority in caste 58.3% were belong to schedule caste, majority of types of family 56.7% were living in nuclear family, majority last delivery 41.7% were belongs to 0-1 year, majority 88.3% were heard about temporary family planning methods, majority 71.7% were not using temporary family planning methods.

The first objective of the study was to assess the pre-test knowledge of temporary family planning methods among eligible couples at selected rural area Barabanki. In this study the knowledge on temporary family planning methods measured by structured questionnaire.

The present study reveals that in pretest 70% of selected eligible couples are inadequate; moderate level 30% and no one has adequate knowledge. The corresponding Hypothesis, there will be a significant difference between pre-test and post-test knowledge scores was accepted. This hypothesis was supported by the study findings shown in table 4.

The second objective of the study was to assess the effectiveness of structured teaching programme on knowledge regarding temporary family planning methods among eligible couples at selected rural area Barabanki.

Structured teaching programme was given to eligible couples and the effectiveness was evaluated through posttest. the finding reveals that , the pretest 70% of selected women were inadequate; moderate level 30% , no one has adequate on knowledge . after structured teaching programme the posttest level of knowledge on temporary family planning methods there is increased level of knowledge 41.7% were moderate level og knowledge, 58.3% were on adequate knowledge .there was significant differences in percentage of knowledge on temporary family planning methods in posttest.

The mean post test score of knowledge 21.3 among eligible couples after structured teaching will be significantly higher than their mean pretest score of knowledge 8.5. thus the inferential statistical method improved that the difference in the mean scores showed a significant change as increase knowledge among eligible couples . The calculated t values for knowledge 24.8 the P value 0.05 ($P < 0.05$).

Thus the inferential statistical method proved that the differences in the mean scores showed a significant change as increase the knowledge among eligible couples. Structured teaching programme was effective in increase

the knowledge among eligible couples was accepted. The corresponding Hypothesis were, there will be a significant relationship between knowledge regarding temporary family planning methods was accepted. This hypothesis was supported by the study findings shown in table 3.

The third objective was to find out the association between the levels of knowledge regarding Temporary Family Planning Methods of Eligible Couples with their selected demographic variables.

In association of posttest level of knowledge of temporary family planning methods with demographic variables the study shows that there was significant association between post test score of knowledge education of wife, education of husband, number of married years, number of children, types of family, already used /using temporary family planning methods .The corresponding Hypothesis were, there will be a significant association between post test knowledge scores selected demographic variables. This hypothesis was supported by the study findings shown in table 1.

CONCLUSION

In normal sexual life; a woman can conceive within 24 hours of release of mature ovum if it enters the fallopian tube and meets with sperm but the conception can be prevented by using any of the contraceptive method. Contraception is an effective method to reduce maternal mortality by preventing unwanted pregnancy and unsafe abortion by and by promoting healthy pregnancies.

The knowledge of contraception is very effective because couples can make decision about the timing and number of child they want actual. For many years, family planning experts have generally agreed that a 24 months or 2 year birth interval is important for infant, child and maternal health. The knowledge of the contraception is one of the most basic and essential health care services and smaller families are better able to meet their house hold and economic needs. It is used to prevent infant death, reduce poverty and population growth. Some women lack knowledge about contraceptive method or they may not have access to the method they want because of weakness in services and supplies.

Here in this study, it revealed that structured teaching on temporary family planning methods was effective on increase the knowledge among eligible couples.

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